

BUTLER EXTENDED DAY PROGRAM CHILD'S INFORMATION FORM

2016-17
School Year

CHILD INFORMATION:

Child's Name: _____
 Nickname: _____ Date of Birth _____
 Home Address: _____
 City/State/Zip _____
 Home Phone: _____

Primary Language (if not English) _____

Food Allergies/Sensitivities

- Does your child have any food allergies? ____ Yes ____ No
- Child's Food Allergies/Medications
(List your child's food allergies and any medications required to treat an allergic reaction.)

Other Allergies/Chronic Health Conditions

- Does your child have any non-food allergies/chronic health conditions? ____ Yes ____ No
- Child's Allergies (non-food)/Chronic Health Conditions/Medications
(List your child's non-food allergies, chronic health conditions and any medications required at BEDP)

Other Limitations or Concerns:

Any other information you would like us to know about your child:

Child's Identifying Information and/or current picture (if available):

Eye Color _____ Hair Color _____ Sex _____
 Height _____ Weight _____ Skin Color _____
 Identifying Marks _____

Name of school child is currently attending _____

Address (if not the Butler School) _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements are on file at my child's school. **Parent/Guardian initials** _____

For Office Use Only

MC _____

BEDP _____

Date of Admission _____

Age at Admission _____

Current Grade _____

PARENT/GUARDIAN INFORMATION:

Name:	Name:
Relationship to child:	Relationship to child:
Home Address:	Home Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Business Name:	Business Name:
Business Address:	Business Address:
Business Phone:	Business Phone:
Hours at work:	Hours at work:

Billing Information

Send monthly bills to: (name) _____
 Send by (check one): mail _____ email _____
 Address/Email address (if different from above) _____

Parent/Guardian Signature

Date

**FIRST AID AND EMERGENCY MEDICAL CARE
AUTHORIZATION AND CONSENT FORM**

Child's Name _____ **Date of Birth** _____

I understand the teachers in the Butler Extended Day Program are trained in the basics of first aid, and CPR and I authorize them to give my child first aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the Butler Extended Day Program to transport my child to Mount Auburn Hospital, Cambridge or to the nearest medical care facility and/or to _____ and to secure necessary medical treatment for my child.

Child's Physician/Clinic: _____

Address: _____ **Phone:** _____

Child's Allergies: _____

Chronic Health Conditions: _____

Medical Insurer: _____ **Policy Number:** _____

Parent's Name: _____ **Phone (w)** _____
Phone (h) _____
Phone (c) _____

Parent's Name: _____ **Phone (w)** _____
Phone (h) _____
Phone (c) _____

Emergency Contacts (other than parents; listed in order to be contacted)

1. **Name:** _____ **Address:** _____

Relationship to child: _____ **Phone:** _____

Do you give permission for child to be released to this person? _____ Yes _____ No

2. **Name:** _____ **Address:** _____

Relationship to child: _____ **Phone:** _____

Do you give permission for child to be released to this person? _____ Yes _____ No

3. **Name:** _____ **Address:** _____

Relationship to child: _____ **Phone:** _____

Do you give permission for child to be released to this person? _____ Yes _____ No

Parent/Guardian Signature _____ **Date** _____

SPECIAL AUTHORIZATIONS

Neighborhood Walks

I hereby give permission for my child _____ to go on walks with the program in the neighborhood of the Daniel Butler School.

Any activity off of the premises of more than 30 minutes duration will require a separate permission slip.

Parent/Guardian Signature

Date

Communication

State regulations forbid communications about your child between public school personnel and day care providers, unless you provide permission for such communication. In cases involving a special situation at home or a special need on the part of the child, it is very helpful if the classroom teacher, school guidance personnel and child care teachers are permitted to share key information. It is also in the best interests of the children if consistent discipline policies are implemented, and if the various adults working with the children in the school environment maintain close communication. The BEDP board requests parental permission for such communication, should it become necessary. Please indicate permission by signing below.

I give my permission for the Butler Extended Day Program teachers to communicate as needed with my child's classroom teacher, principal, guidance counselor, school psychologist or school nurse, in order that the best possible programs are provided for my child.

Parent/Guardian Signature

Date

Directory

_____ I give permission to the Butler Extended Day Program to have the following information included in the class directory and distributed to the other program families. (*Check or list only the information that you want included*)

_____ Child's Name	_____ Address	_____ Home Phone	
Parent's Name (1) _____	_____ Work Phone	_____ Cell Phone	
Parent's Name (2) _____	_____ Work Phone	_____ Cell Phone	

_____ I do not give permission to include my child's name in the class directory.

Parent/Guardian Signature

Date

TRANSPORTATION PLAN AND AUTHORIZATION

Child's Name: _____

My child will arrive at the program by:

Morning Care Program

_____ Parent drop off

_____ Unsupervised walk

_____ Supervised walk (who) _____

_____ Other (describe) _____

After School Program

_____ Walk from classroom

_____ Other (describe) _____

My child will depart from the program by:

Morning Care Program

_____ will be dismissed to Butler School Playground or indoor waiting area when Butler School personnel begin supervision at 8:30 a.m.

_____ Other (describe) _____

After School Program

_____ Parent pick-up

_____ Supervised walk (who) _____

_____ Unsupervised walk

_____ Other (describe) _____

I give permission for my child to be released from the Butler Extended Day Program (After School and/or Morning Care) at the conclusion of the program as stated above and/or I give my permission to the following people to take my child from the program. If no one is authorized, please indicate below by writing "No One".

- | | |
|---------------|-----------------------------|
| 1. Name _____ | Relationship to child _____ |
| Address _____ | Phone _____ |
| 2. Name _____ | Relationship to child _____ |
| Address _____ | Phone _____ |
| 3. Name _____ | Relationship to child _____ |
| Address _____ | Phone _____ |

Any other transportation requests must be stated in writing and maintained in the child's file or the above plan must be implemented. This permission is valid for one program year from the date of signature.

Parent/Guardian Signature _____

Date _____